

PREA AUDIT REPORT Interim Final
ADULT PRISONS & JAILS

Date of report: November 6, 2015

Auditor Information			
Auditor name: Lynn McAuley			
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Date of facility visit: October 5-7, 2015			
Facility Information			
Facility name: Bedford Hills Correctional Facility			
Facility physical address: 247 Harris Road, Bedford Hills, NY 10507			
Facility mailing address: <i>(if different from above)</i>			
Facility telephone number: 914 241-3100			
The facility is:	<input type="checkbox"/> Federal	<input checked="" type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
Facility type:	<input checked="" type="checkbox"/> Prison	<input type="checkbox"/> Jail	
Name of facility's Chief Executive Officer: Sabina Kaplan			
Number of staff assigned to the facility in the last 12 months: 631			
Designed facility capacity: 926			
Current population of facility: 779			
Facility security levels/inmate custody levels: Maximum with Maximum - Medium – Minimum custody levels			
Age range of the population: 17-78			
Name of PREA Compliance Manager: Elaine Velez		Title: Assistant Deputy Superintendent/PREA CM	
Email address: Elaine.velez@doccs.ny.gov		Telephone number: 914-241-3100 x 4310	
Agency Information			
Name of agency: New York Department of Corrections and Community Supervision			
Governing authority or parent agency: <i>(if applicable)</i> Click here to enter text.			
Physical address: 1220 Washington Building #2, Albany, NY 1226			
Mailing address: <i>(if different from above)</i>			
Telephone number: 518-457-7329			
Agency Chief Executive Officer			
Name: Anthony Annucci		Title: Acting Commissioner	
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Agency-Wide PREA Coordinator			
Name: Jason Effman		Title: Associate Commissioner-PREA Coordinator	
Email address: Jason.effman@doccs.ny.gov		Telephone number: 518-457-3955	

AUDIT FINDINGS

NARRATIVE

The Prison Rape Elimination Act (PREA) Audit for Bedford Hills Correctional Facility (BHCF) from initial notification through this auditor's Summary Report Adult Prisons and Jails/PREA final report began August 2015 with the notice that the New York Department of Corrections and Community Supervision (DOCCS) through the American Correctional Association (ACA) had scheduled a PREA Audit with a tour date of October 5-7, 2015, of the Bedford Hills Correctional Facility, Bedford Hills, New York. PREA Certified Auditor Marilyn (Lynn) McAuley (lead) was notified by ACA e-mail of her appointment and schedule.

The audit process started with contact from Associate Commissioner and State-wide PREA Coordinator, New York Department of Corrections and Community Supervision, Albany, New York. The Bedford Hills Correctional Facility PREA Compliance Manager mailed a USB thumb drive to the auditor. The thumb drive contained four essential areas; BHCF staffing information and the daily facility's staffing Plan showing security staff count showing population on the 1st, 10th and 20th day of each month for twelve months prior to the audit; the PREA Audit: Pre-audit Questionnaire Adult Prison and Jails and the check list file for each standard including copies of compliance documents; the ACA Visiting Committee Report (VCR) for the October 15-17, 2012 Standards Compliance Reaccreditation Audit; and a file showing camera location, facility diagram, facility profile, and BHCF improvements during audit year. Also the flash drive contained the Department and Facility's Mission Statements and the Bedford Hills Correctional facility layout providing excellent information prior to the actual facility tour. A tremendous amount of material was included in these folders including: facility staffing and inmate population reports, each PREA Standard compliance documentation, ACA VCR Report, and PREA Pre-audit Questionnaire folder (PAC). Some of the information provided in advance on the flash drive required hard copy and was requested. The 43 standards folders (one for each standard) contained substantiated compliance documentation for each of the standards addressing: interviews, health appraisals of the incoming inmates, and treatment of offenders with intersex conditions, gender identity disorder, gender dysphoria, and staff personnel discipline forms. The ACA Standards Compliance Reaccreditation Report provided valuable information on facility description, condition of confinement, medical, mental health and programs that could be confirmed with observation, review of documentation and interviews. The fourth folder contained the Pre-audit Questionnaire which was a stand-alone folder. The Questionnaire provided comprehensive, specific material that could be verified by the auditor on site with review of documentation, interviews and observations during the tour of the facility. The auditor used information from the PAQ to complete the PREA Resource Audit Instrument.

The PREA Resource Audit Instrument used for Adult Prisons and Jails was furnished by the National PREA Resource Center. To summarize, there are seven sections, A through G, comprised of the following: A) Pre-Audit Questionnaire, sent by New York Department of Corrections and Community Supervision; B) the Auditor Compliance Tool; C) Instructions for the PREA Audit Tour; D) the Interview Protocols; E) the Auditor's Summary Report; F) the Process Map; and G) the Checklist of Documentation.

Following the protocols of making contacts, and checking on the posting of notices (posting was initiated through the American Correctional Association and the facility, Bedford Hills Correctional Facility) the auditor, on her own, began review of the Pre-Audit Questionnaire and the material sent prior to discussion and the audit visit. Each item on the thumb drive was reviewed. Of particular interest to the auditor was the detailed information in the Pre-Audit Questionnaire completed by the facility PREA Compliance Manager (PCM) and the PREA Compliance Coordinator in September 2015. Also, in this preliminary review, special interest was taken in the compliance documentation provided for each standard. The information from the standards files and the PAQ was used to complete the PREA Compliance Audit Instrument Checklist of Policies/Procedures and other Documents in advance to identify additional information that might be required.

The PREA Audit of the Bedford Hills Correctional Facility started with an introductory dinner on October 4, 2015 in Mt. Kisco, New York. The weekly audit schedule for DOCCS included PREA and ACA Reaccreditation audits at BHCF and Taconic Correctional Facility (TCF). Attending the meeting were the PREA Auditor, PREA Statewide Coordinator, BHCF Superintendent and PREA Compliance Manager, three ACA reaccreditation auditors, TCF Superintendent, PREA Point Person for TCF. During this meeting the audit schedule was discussed. The PREA audit was scheduled for October 5-7, 2015 at BHCF and October 7-9, 2015 at TCF with the ACA Reaccreditation audit at TCF October 5-7, 2015 and BHCF October 7-9, 2015

The auditor stayed in Mt. Kisco, New York and commuted a short distance each way each day to Bedford Hills, New York with the Department's agency-wide PREA Coordinator. The site visit began at 8:00 am on, October 5, 2015 with arrival at the Bedford Hills Correctional Facility. The Auditor and PREA Coordinator proceeded to the Administration Building where a brief meeting was held with the Superintendent, PREA Coordinator, PREA Compliance Manager and facility PREA Point Person. During the brief meeting the PREA Auditor was given hard copy of significant information that was on the flash drive sent to the auditor in advance of the site visit. Included in this information was the inmate count list for Monday, October 5, 2015 for random selection of inmates to be interviewed. Also provided were; list of employees, population reports, Bedford Hills Correctional Facility information packet with facility data important to the audit, interoffice memorandums and various reports confirming BHCF staff increases, facility diagram with location of camera upgrades, agency and facility missions and organizational charts. At this time, a review of the inmate population was made and random inmates were selected from each housing unit for interview by the auditor. Random selection resulted in 28 inmates (3.6% of 779 inmate count) selected to be interviewed including one non-English inmate with an interpreter, two transgender inmates and one bisexual inmate.

Random selection of 16 sample of staff and 7 from specialized staff resulted in 23 security staff interviewed out of 466 security staff for 4.9% of security staff to be interviewed. Random selection of staff included male and female staff with years of service ranging from under 1 year to 51 years. The auditor sent a daily audit activity schedule for the 3 days of the audit prior to arriving at the facility. This schedule was discussed during the initial briefing and revised based on the needs of individuals involved in the audit process. The first audit briefing discussed tour protocols and points of interest for the following two days and prior to beginning the facility tour.

The interview process started with the Superintendent and PREA Compliance Manager interviews after the morning PREA audit briefing on the first day of the audit. Bedford Hills facility tour including the auditor, Superintendent, PREA Coordinator, PREA Compliance Manager, PREA Point Person and Deputy Superintendent for Security began immediately after completion of the two interviews. The facility has 71 buildings on 25 acres within the perimeter fence. Based on the size of the facility the tour was broken down into two days. Interviews with specialized staff, random sample of staff and inmates were conducted on all three days of the audit. The tour started on the first day with the intake/reception area in the reception/classification building. Six inmates were arriving at the facility and the auditor was able to observe the inmates receiving a package including PREA information and completing the PREA Intake Screening Form with the Lieutenant who supervises the Intake unit. The next area visited was the reception housing area since it is in the same building as Intake. Bedford Hills has a reception unit for females for the state. Offenders are assessed by medical on the day of admission to the facility. Within seven days a physical, mental health assessment and dental exam is completed by a State Office of Mental Health (OMH) clinician. After completing the tour of the reception area the tour continued on to housing areas where observations found the units clean and in good condition especially for the age of the facility. During the first day half of the housing units were visited. The housing tour was completed on the second day of the audit. There are multiple telephones in the housing units. During the tour of housing the "hot line" was tested and found to be working per agency policy and PREA standards. Of special interest three units are identified as excellent programs providing special housing including: Nursery where mothers can stay with their baby for up to 18 months; Puppies Behind Bars where inmates are training dogs and have other inmates as dog sitters while they are in programs; and Fiske house where honor inmates live in a cottage setting.

The tour on both days included the following buildings/areas: administration; security; counseling/visitation room; hospital; laundry; gymnasium; school building; mess hall/kitchen; program building; regional medical unit; library services; religious programs; and commissary. Observations during the tours, informal interviews with staff and inmates, and review of documents confirm that BHCF considers PREA a number one priority and have developed and implemented the entire 43 standard and are constantly monitoring to ensure compliance with the standards requirements.

Utilizing the PREA Compliance Audit Instrument for PREA Audit interview guide for inmates; random sample of inmates, transgender and intersex inmates; gay, lesbian, and bisexual inmates and disabled and limited English proficient inmates began on Monday and continued through Wednesday. Security works 8 hour shifts at BHCF. The auditor spoke at each of the three briefings at 2:45 pm, 9:45 pm and 6:45 am and allowed questions. After the briefings the auditor formally interviewed random selection of staff so the audit would have staff interviewed from all three shifts.

The agency's vision is to enhance public safety by having incarcerated persons return home under supportive supervision less likely to revert to criminal behavior. The mission of DOCCS is "To improve public safety by providing an continuity of appropriate treatment services in safe and secure facilities where offenders' needs are addressed and they are prepared for release, followed by supportive services under community supervision to facilitate a successful completion of their sentence.). The facility is accredited by the American Correctional Association (ACA) and the reaccreditation audit was scheduled for October 7-9, 2015 after completion of the ACA PREA audit. The previous ACA Reaccreditation Report dated October 15-17, 2012 was provided and reviewed by the auditor. The Audit Report was for the three year period of 2010, 2011 and 2012 confirming that the last three years of the audit BHCF had zero notices of non-compliance with local, state, or federal laws or regulations, no consent decrees, class action lawsuits or adverse judgment. Staff confirmed zero notices of non-compliance during the last three years 2013, 2014 and 2015. Bedford Hills Correctional Facility is a well-managed maximum prison housing female inmates. Administration has designed, developed, implemented and now are monitoring a comprehensive PREA practice that meets or exceeds all of the required PREA standards.

DESCRIPTION OF FACILITY CHARACTERISTICS

The Bedford Hills Correctional Facility (BHCF) is a maximum security female facility operated by the New York Department of Corrections and Community Supervision (DOCCS) located in Bedford Hills, New York. The facility is located approximately 16 miles north of White Plains, in Westchester County, New York. The facility was opened in 1901 as the New York State Reformatory for Women. It housed misdemeanants as well as felons who were primarily property offenders, juvenile delinquents and wayward minors; women had to be between the ages of 16-30. Cottages were built on the 200 acre site in rural Westchester County to house the women in a homelike setting, rather than in the penitentiary with its rows and cells. Outside each cottage was a flower garden and beyond, there were no towering fences as there are today. The reformatory inmate was taught sewing, cooking, housekeeping and how to care for infants. In 1913, a separate facility was opened at Bedford Hills to house psychopathic delinquent women. Through the reorganization of government in 1926, the reformatory at Bedford Hills became part of the Department of Corrections. In 1932 the New York State Reformatory became Westfield State Farm, and yet was later named Bedford Hills Correctional Facility.

The facility consist of a Reception Classification Center, General Population housing units, a Regional Medical unit, a Nursery unit and a New York State Office of Mental Health Satellite Unit, with three jointly run mental health programs. The facility has a bed capacity of 926 with current population of 779 on the first day of the audit. The age range is 18-78 for adults and 17 for youthful inmates. During the last twelve month 1,539 inmates were admitted to the facility with average length of stay 15 days to 60 days. The facility security department is composed of 1 Deputy Superintendent of Security, 2 captains, 8 lieutenants, 26 sergeants and 396 correction officers working three eight hour shifts. Prior to every security tour, relevant information, training opportunities and announcements are presented to security staff at pre shift briefings known as Line-up. The shifts are 7-3, 3-11, and 11-7. The auditor attended the change of shift for all three shifts addressing the group, observing and interviewing staff. Total staff at th facility is 631 with a breakdown of : 433 security; 77 health; 58 program; 53 support and 10 administration. Staff is very proud of their jobs, knowledgeable about their duties especially to PREA Standards and confirm they have received the required original PREA training and annual PREA updated training.

Bedford Hills has 71 buildings with 9 single cell housing units, 1 multiple occupancy cell housing unit, 5 open bay/dorm housing units and a 24 cell special housing unit. Bedford Hills has a regional medical unit with 20 infirmary beds, 30 long term care beds, a reception center, and a satellite mental health facility. The Regional Medical Unit (RMU) is a four story building which provides both inpatient and outpatient care for incarcerated female offenders statewide. The unit is staffed 24 hours per day, seven days per week. Bedford Hills has a reception unit for females for the state. Offenders are assessed by medical on the day of admission to the facility. Within seven days a physical, mental health assessment and a dental exam is completed. Within 48 hours a mental health screening is completed by a New York Office of Mental Health (OMH) clinician. There have been no major renovations, additions, or new construction during the last twelve months.

The Guidance and Counseling Department provides comprehensive counseling to offenders. Offender Rehabilitation Coordinators (ORC), located throughout the facility, advise and prescribe programs based upon an offenders assessed needs, strength and interest. ORC's provide continual case management service from inception of incarceration through release. Recreation is provided for the offenders in both indoor and in three outdoor recreation areas. The units have dayrooms and there is one main gymnasium with a weight room, stage for plays and other programs, and leisure game tables. Religious programing is available and there is a chapel that is spacious, well-furnished and organized to provide services for all religions. Offenders are afforded the opportunity to participate in work programs in most of the operational areas of the facility. Academic and Vocational Education, Department of Labor Printing and Horticulture programs, NYS Department of Motor vehicles call center, and library and Ministerial and family services are all located in buildings on the compound and were part of the tour of the facility on Monday and Tuesday.

Bedford Hills Correctional Facility has many buildings located on a hilly parcel of land. Tour of the buildings confirmed that PREA is in place, enforced with safety of the inmate the number one priority of BHCF.

SUMMARY OF AUDIT FINDINGS

On October 5, 6 and 7, 2015 site visits were completed at Bedford Hills Correctional Facility, New York State Department of Correction and Community Supervision, Westchester County, New York. The results indicate Bedford Hills Correctional Facility exceeded 5 standards, met 36 standards; 2 standards were not applicable and 0 standards were not met.

Number of standards exceeded: 5

Number of standards met: 36

Number of standards not met: 0

Number of standards not applicable: 2

Standard 115.11 Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Standard 115.11 requires the agency has a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment and outlining the agency’s approach to preventing, detecting, and responding to such conduct. Documentation reviewed showing the agency meets this standard included: Employee Manual, Rev. 2014 – 2.19 & 2.20; Directive #4027A, Sexual Abuse Prevention & Intervention – Inmate-on-Inmate, 8/16/11 – I,II, (A), (B), VI; and Directive #4028A, Sexual Abuse Prevention & Intervention – Staff-on-Inmate, 8/17/11 – I, II, IV, V (A), (B), VI.

The Zero Tolerance Standard says the agency shall designate a State-wide PREA Coordinator to oversee the agency efforts to comply with PREA standards. Also, each facility (minimum security and above) shall assign one staff member as the facility PREA Compliance Manager with overall responsibility of coordinating facility efforts to comply with PREA standards. An upper-level, agency-wide PREA coordinator with sufficient time and authority to develop, implement, and oversee agency PREA efforts was accomplished in a memo from DOCCS Commissioner, 4/23/13, RE: Appointment of PREA Coordinator with Duty Description RE: Associate Commissioner PREA. The agency has over 50 facilities and has established 10 PREA compliance managers to manage educating and training facility PREA point persons to ensure that effective practices and procedures are in place in each facility. Documentation reviewed to confirm the appointment of Bedford Hills PREA compliance manager and facility point person includes: memo from Deputy Commissioner and PREA Coordinator, 4/4/14, RE: Facility Prison Rape Elimination Act (PREA) Point person and Email: PREA Coordinator, 2/9/15, RE: Assistant Deputy Superintendent/PREA Compliance Manager Appointments – with duty descriptions. Agency and facility organizational charts were provided and reviewed confirming the PREA Coordinators is an upper-level manager (Associate Commissioner), PREA Compliance Manager is a Deputy Superintendent and the facility PREA Point Person is a Captain with direct reporting to the Superintendent. The State-wide PREA Coordinator, BHCF Compliance Manager and BHCF PREA Point Person when interviewed using the structured PREA Audit Tools indicated they have sufficient time and authority to coordinate the facility’s efforts to comply with the PREA standards. New York Department of Correction and Community Service’s PREA Policies, Procedures and Directives are essential to the operations at BHCF and are adhered to at all times to ensure continuity and professionalism throughout the system.

During the last 12 months 1,539 new inmates to BHCF were given the 2015 Offender Orientation Manual, with a PREA section, on the day they arrive at the facility. On the day they arrive they were placed on a mandatory PREA orientation list. All new inmates to BHCF were required to attend a PREA orientation that is given every week. The new inmate list is checked and the inmate signs a form confirming they have received and understand the PREA training. The auditor reviewed the video used for the orientation and found it is complete, informative and very well done. Of the 28 inmates interviewed 100% indicated they received verbal and written PREA information the day they arrived and attended a PREA orientation class within the first week at BHCF.

Through discussions with staff and inmates during the facility tour, observation of bulletin boards, posters, handouts and materials, review of inmate and staff handbooks and personnel policies, it is clear that BHCF is committed to Zero Tolerance of Sexual Abuse and Sexual Harassment. Interviews with 36 staff and 28 inmates, review of supporting documentation and tour of the facility confirm that the Department’s Zero Tolerance for Sexual Abuse and Sexual Harassment is in place, staff and inmates are informed, program is monitored and is a number one priority for the Department.

Each BHCF staff member carries a card that has the Zero Tolerance Policy on one side and the 1st Responder requirements on the other side. Formal interview with staff and inmates and informal interviews with staff and inmates during the tour of the facility confirm knowledge and commitment to the PREA Zero Tolerance Policy. Based on the evidence documented and confirmed, the auditor feels BHCF substantially “exceeds” Standard 115.11.

Standard 115.12 Contracting with other entities for the confinement of inmates

- Exceeds Standard (substantially exceeds requirement of standard)

- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

This Standard 115.12 is NON APPLICABLE since Bedford Hills Correctional Facility does not contract with any private agencies or other entities.

Standard 115.13 Supervision and monitoring

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

This Standard 115.13 requires each agency shall ensure that each facility it operates develops, document and make its best efforts to comply with a staffing plan that provides for adequate levels of staffing to protect inmates against sexual abuse. The staffing plan must take into consideration eleven factors. The auditor reviewed BHCF Security Chart/Staffing Review Report with Recommended Changes to Facility Plot Plan and Annual staffing Audit Review RE: Consultation Associate Commissioner PREA Coordinator and found the documents confirm the facility is compliant in this requirement. The facility complied with the staffing plan every month during the last twelve month confirmed by review of the Post Closure Report. The agency is required to assess, determine, and document whether adjustments are needed and review of the Annual Staffing Audit Review RE: Consultation Associate Commissioner dated July 28, 2015 confirmed compliant in this area. The BHCF is a maximum security facility with staffing and perimeter security outlined in the description of the facility. The Superintendent and staff, including the Human Resource Department’s comprehensive involvement, with oversight of the Department’s PREA Coordinator have assured staffing per the Standard according to the needs and priorities set by the agency. The agency’s policy for all facilities ensures supervision and monitoring of the staffing plan confirm to PREA Standard 115.13 supervision and monitoring at each facility. The staffing team routinely reviews the staffing plan, recruitment policies and institutional needs to assure the safety of staff and inmates.

The Standard requires policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds (all shifts) to identify and deter staff sexual abuse and sexual harassment. Policy must prohibit staff from alerting other staff members of supervisory rounds. Review of Employee Manual – 2.44 Rev 2013, Directive #4001, Facility Administrative Coverage & Supervisory Rounds, 4/7/14 - VI C, Form 4001A and Log Book Entries RE: All Three Shifts (Unannounced Rounds) confirm the policies, procedures and directives are in place. The agency Employee Manual states each facility shall have intermediate and higher level staff conducts unannounced rounds to identify any deviation from policy and procedure, including deviation from compliance with the Prevention of Sexual Abuse and Sexual Harassment Policy. Staff compliance is maintained through these unannounced rounds as well as through incident reviews and reports. Logs are maintained and provided to the auditor confirming the unannounced rounds. Interviews with staff and inmates confirm unannounced random rounds are conducted by intermediate and higher level staff.

The BHCF Staffing Plan includes adequate levels of staffing and video monitoring to protect offenders against sexual abuse. The average number of inmates since August 20, 2012 is 750 inmates and the staffing plan is based on 750 inmates. Documentation reviewed confirms the staffing plan is monitored and updated annually. The staffing plan at BHCF was compliant 100% of the time during the past 12 months. The post orders address supervision duties and responsibilities including unannounced rounds. Interviews confirmed staff and inmates felt

safe at BHCF. The facility updated the video monitoring system to enhance the facility's ability to protect inmates from sexual abuse with cameras and mirrors to ensure there were no "blind spots" in BHCF. Based on review of documentation, interviews with staff and inmates and observation during tours of BHCF the auditor considers the facility's performance "exceeds" the requirements of Standard 115.12 supervision and monitoring.

Standard 115.14 Youthful inmates

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

According to Standard 115.14 youthful inmates shall: not be placed in a housing unit in which the youthful inmate will have sight, sound, or physical contact with any adult inmate through use of a shared dayroom or other common space, shower area, or sleeping quarters; in areas outside of housing agencies provide direct staff supervision; make best efforts to avoid placing youthful inmates in isolation to comply with the separation from adult provision and not deny youthful inmates daily large-muscle exercise and any legally required special education service and other programs. The auditor reviewed Directive #0046 Bedford Hills Correctional Facility, Youthful Offender, 9/17/2014 and Bedford Hills Juvenile Unit Operational Manual, November 2015 and found all elements of this standard are included in these documents. The facility manual identifies the 16 bed general confinement juvenile housing unit, including 4 confinement cells, located on the third floor of the regional medical. There is a day room for the youthful offenders use for recreation activities. The youthful inmate unit houses individuals in a fashion to separate them from general population adult inmates. Whenever the young participants are in general population, per policy, they are under security staff escort. During the last 12 months 7 youthful inmates were housed at BHCF with 2 youthful inmates housed during the PREA audit. One of the inmates was interviewed and confirmed programs and recreation are available to her and she feel very safe in the facility. The Juvenile Unit Operation Manual is a complete document that stresses in detail: the zero tolerance for sexual abuse and sexual harassment; inmates right to be safe from sexual abuse and harassment from other inmates and staff; all allegations of sexual abuse, sexual threats, sexual harassment and retaliation will be thoroughly investigated; and how allegations can be reported. Also, the Manual is a road map for the youthful inmates to follow while at BHCF as it provides directions for all the rules, policies and procedures from the inmate arrival until release from the facility.

Standard 115.15 Limits to cross-gender viewing and searches

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

This Standard says the facility shall not conduct cross-gender strip searches or cross-gender visual body cavity searches. Review of Documentation: Agency Directive #4910, Control and Search for Contraband, 5/14/14 & Rev. Notice, 2/24/15 - III B 3 b (3) Note; III G 1 b, 5; Attachment's A, G; HSPM 1.37 Body Cavity Search, 9/20/95 - Entire and Bedford Hills FOM #601, Cross Gender Searches, 6/1/15 - III B, 1, C 1, 2 b, 3, D 1 confirm compliant with this part of the standard. During the last twelve months there was no documentation since there was no cross-gender strip or cross-gender visual body cavity searches. This is a female facility and policy and action do not permit

cross-gender pat-down searches of female inmates as confirmed in review of Directive #4910, Control and Search for Contraband. The facility has implemented policies and procedures that enable inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing them as confirmed in review of the following: Directive #4001, Facility Administrative Coverage and Supervisory Rounds, 4/7/14 – VI B. Review of Directive #4001, Facility Administrative Coverage & Supervisory Rounds 4/7/14 – VI B confirm the policy in place for staff of the opposite gender to announce their presence when entering an inmate housing unit. Interview with staff and inmates and tour of housing units confirm the opposite gender is announcing their presence when entering an inmate housing unit. Inmate and staff felt there was a good sense of privacy

The facility's Sexual Abuse Prevention and Response Lesson Plan – Objectives, 4/10/15 confirms the policy is in place to prohibit search or physically examine a transgender or intersex inmate of the sole purpose of determining the inmate's genital status. Additionally this document is used to train security staff in how to conduct cross-gender pat-down searches. However, the agency does not allow cross-gender searches. Samples of monthly reports, certificate of search and report of strip frisk on admission to SHU or MHU Cell/Room review and found practice is according to agency policies, procedures and directives for Standard 115.15. Training for searches of transgender and intersex inmates has been developed and added to original and in-service training. There were 2 transgender, 7 lesbian, 2 gender non-conforming and 6 bisexual inmates at BHCF during the last 12 months. Five of these inmates were interviewed by the auditor. They reported they are treated fairly and feel safe at BHCF.

Policy and procedures governing cross gender viewing and searches were reviewed as well as actual searches conducted during the audit visit. Policy does allow cross gender strip and cross gender visual body cavity searches of inmates in exigent situations. However, no cross gender viewing or searches were conducted during the last 12 months. There have been no cross gender strip or cross gender visual body cavity searches during the last year. Interview of staff and offenders and review of documentations confirmed there were no cross-gender pat searches being done. Interviews with staff and inmates, observations during the tour of the facility and review of policies, procedures and directives confirm the facility is compliant with Standard 115.15 Limits to Cross-Gender Viewing and Searches.

Standard 115.16 Inmates with disabilities and inmates who are limited English proficient

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

This Standard requires the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment and receive written materials in formats or through methods that ensure effective communication with inmates with disabilities. Review of Directive #2612, Inmates with Sensorial Disabilities, 4/30/15 - I and Memo: from PREA Coordinator, 10/27/14, RE: "Reasonable Accommodations" confirm compliant for documentation of this requirement. Interviews with staff and inmates confirm title II of the Americans with Disabilities Act, 28 CFR 35.164 is a priority and policies are being followed.

The agency is required to provide interpreters who can interpret effectively, accurately, and impartially both receptively and expressively using any necessary specialized vocabulary. The agency shall not rely on inmate interpreters, inmate readers, or other types of inmate assistants except in limited circumstances. Review of Memo: from PREA Coordinator, 6/17/13, RE: "Prevention in Sexual Abuse in Prison Pamphlets and Poster" and Language Access Plan, 4/1/15. Pamphlets are available in English and the seven most common non-English languages. During the last twelve month 34 inmate interpreters, readers, or other types of inmate assistants were used and it was not the case than an extended delay in obtaining another interpreter could comprise the resident's safety.

The agency has a system-wide language access policy that ensures that individuals who require assistance with language can still fully participate in critical functions. This includes using the Language Line Service individuals can access the agency's programs, services and benefits. New York DOCS Directive provides disabled inmates equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment and provide inmates with limited English proficiency equal opportunity. In keeping with State language access policies, DOCCS makes vital documents available in English, Spanish, Italian,, Simplified Chinese, Russian, Korean, Polish and Haitian Creole. This includes the agency's PREA informational brochures and inmate

education film. Agency policy prohibits use of inmate interpreters or other types of inmate assistants except in limited circumstances where there may be an extended delay in obtaining an effective interpreter. In the past 12 months, there has been zero use of inmate interpreters, readers or other types of inmate assistants. One of the offenders interviewed was limited English proficient and was assisted by a facility staff interpreter. The interview went well and the inmate was able to respond to all of the questions. Review of documentation, interviews with staff and inmates and observations during the tours resulted in the auditor finding all elements of this standard are in place and monitored.

Standard 115.17 Hiring and promotion decisions

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

According to Standard 115.17 the agency shall not hire or promote anyone who may have contact with inmates and shall not enlist the services of contractor who may have contact with inmates, who: has engages in sexual abuse in correctional facility; been convicted of engaging or attempted to engage in sexual activity in the community; or been civilly or administratively adjudicated to have engaged in the described activity. Additionally, the agency shall: consider incidents of sexual harassment before hiring; perform criminal background records check for employees and contractors; contact all prior institutional employees; and conduct criminal background records check or another system for capturing information every five years. Applicants are asked directly about previous misconduct and have a duty to disclose -misconduct with material omissions regarding misconduct grounds for termination. Review of documentation included: Memo from Director of Personnel to all Superintendents and Regional Directors, 4/30/14 RE: Personnel Procedure #407 – Civil Promotions with attachments; Directive 2216 Fingerprinting/Criminal, new employees & Contractors, 1/25/12 – I, V, Attachment A & B; Memo from Deputy Commissioner 7 Counsel, 8/18/15 RE: PREA Background Check with attachment A; Directive #2112, Report of Criminal Charges, 5/5/15 – I; E-mail from Director Personnel RE: Fair Chance Hiring Application and Revisions and Statewide Employee Application; Employee Investigation Unit Personal History – Cover 35, 36, IX 25 9a), 20 (a), (b), 21; and Directive #2012 Release of Employment Personnel & Payroll Information 87/15 -2C 6, 7. Based on review of the directives, memos and e-mails the auditor found all of elements of Standard 115.17 are documented and enforced.

The agency does not process five year background checks on employees and contractors. Another system may be used per the standard and DOCCS has an agreement with NYS Division of Criminal Justice Services where background checks pursuant to state the Division notifies DOCCS of subsequent arrests of the subject individual unless the Division is prohibited by State statute to do so. The auditor review documentation of a volunteer that was arrested, agency notified and individual was terminated. The agency has the required policies in place pertaining to criminal background checks, promotions, hiring of employees and contractors, and policy concerning criminal background checks of current employees and contractors that were reviewed by the auditor. There were 34 staff and 50 contractors hired during the last year that have contact with inmates and each had background checks as part of the hiring process. These reviews reveal that before the hiring of any new employee who has contact with inmates, a criminal background check is done. Additionally, agency policy requires criminal background record checks be conducted at least every five years and that there is a system in place to do the record checks. Personnel files were reviewed, the Warden and Human Resource Manager were interviewed and it was documented and evident that the agency policy and PREA law were being followed concerning hiring, promotional decisions and background checks.

Standard 115.18 Upgrades to facilities and technologies

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

This Standard requires when designing or acquiring any new facility and in planning expansion the agency shall consider the effect of the design, acquisition, expansion, or modification upon the agency’s ability to protect inmates from sexual abuse. The interview with the DOCCS Acting Commissioner and review of Directive #3053, Alterations and Construction Request, 4/27/15 – II and Form 1612 confirm Bedford Hills Correctional Facility considers the effect of the design, acquisition, expansion, or modification of facilities and installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology upon the agency’s ability to protect inmates from sexual abuse. The facility Superintendent is required to evaluate the scope of the alteration and consider the effect of the design, acquisition, or modification upon the ability to protect inmates from sexual abuse. The Superintendent indicates on the form whether the alteration’s impact will enhance, be neutral, or have a negative impact on the ability to protect inmates from sexual abuse. The agency’s Office of Facilities Planning reviews the requests and obtains comments from Associate Commissioner/PREA Coordinator, in addition to the Deputy Commissioner for Correctional Facilities before approving any request. During the last 12 months there were two Form 1612 approvals to add ceiling lights and remove three trees.

When installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the agency considers how such technology may enhance the agency’s ability to protect inmates from sexual abuse. The Acting Commissioner’s interview and review of Directive #3053 confirm video surveillance provides corroborating evidence used to help protect inmates from sexual abuse, obtain convictions, and has also assisted in vindicating wrongfully accused staff. The video monitoring system includes 329 cameras and was assessed and found adequate with a recording system upgrade done during the last 12 months. The upgrade was done in the administration building recording room with additional cameras being added to the outdoor recreation yard constructed during the year. The local camera system on the third floor of the Regional Medical Unit installed in 2012 was tied back into the new central recording unit. Review of the documentation provided, interviews with staff and observation of the cameras and mirrors during the tour of the facility confirms the agency is compliant and considers standard 115.18 a priority.

Standard 115.21 Evidence protocol and forensic medical examinations

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

New York Department of Correction and Community Services is responsible for administrative and criminal sexual abuse investigations per Directive #4027B Sexual Abuse Reporting Investigation – Inmate-on-Inmate, 8/16/11- attachment B – appendix 1-5 and Operational Guidelines – Office of Special Investigations Immediate Dispatch, Inmate-on-Inmate/Staff-on-Inmate. New York DOCCS, Office of Inspector General (IG), Sex Crimes Unit (SCU) and New York State Police (NYS) Bureau of Criminal Investigation (BCI) work cooperatively in the investigation of reports of Staff-on-Inmate and Inmate-on-Inmate sexual assault that may involve criminal conduct. Evidence protocol and forensic medical examinations are developed and conducted by the New York Department of Health per Department of Health Protocol for the Acute Care of the Adult Patient Reporting Sexual Assault – Revised October 2008. Interview with SANE/SAFE staff confirmed they perform forensic medical examinations at the Westchester Medical Center and services are available 24/7 to conduct the examinations. Review of HSPM 1.60 – Sexual Assault, 5/2014 – II, III A 1 c confirm policies are in place for forensic medical examinations. Victim advocate are available to victims per Operational Guidelines – Office of Special Investigations Immediate Dispatch, Inmate-on-Inmate/Staff-on-Inmate. The advocate by policy is available to accompany and support the victim through the medical process and provide emotional support, crisis intervention, information and referrals. There was one incident requiring forensic medical examinations by SANE/SAFE staff during the past 12 months. The inmate was transported to Mt. Vernon Hospital, Westchester Medical Center Northern Westchester, and Putnam. The process was per agency policy and this standard.

The agency policies assure PREA trained investigators follow a uniform evidence protocol through the use of the Sexual Abuse Checklist operating memorandum. Emergency medical healthcare along with forensic examinations by SANE/SAFE staff under the New York Department of Health agreement with DOCCS are procured. Forensic medical examinations are offered without financial cost to the victim. Information from observations, review of policy and procedures and interviews with staff and inmates confirm that requirements of this standard are being met at BHCF.

Standard 115.22 Policies to ensure referrals of allegations for investigations

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Standard 115.22 requiring the agency ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment is confirmed in DOCCS Directive #4027B, Sexual Abuse Reporting & Investigation - Inmate-on-Inmate, 8/16/11 – II and Directive #4028B, Sexual Abuse Reporting & Investigation – Staff-On-Inmate, 8/16/11 – VI B; Attachment A. All allegations of sexual abuse and sexual harassment are referred to the DOCCS Office of Special Investigation per Directive #4027B, Sexual Abuse Reporting & Investigation – Inmate-on-Inmate, 8/16/11 – VII B; Attachment A and Directive #4028B, Sexual Abuse Reporting & Investigation – Staff-on-Inmate, 8/16/11 – VI B; Attachment A are reported and documented. New York DOCCS, Office of Inspector General (IG), Sex Crimes Unit (SCU) and New York State Police (NYSP) Bureau of Criminal Investigation (BCI) work cooperatively in the investigation of reports of Staff-on-Inmate and Inmate-on-Inmate sexual assault that may involve criminal conduct. During the last twelve months there were 28 allegations of sexual abuse and sexual harassment with 9 resulting in administrative investigations and 19 referred for criminal investigation. At the time of the audit 12 were unsubstantiated and 16 were ongoing with 2 involving inmates and 26 involving staff.

In according with the authority under Section 112 of the New York State Correction Law the Commissioner has designated the Department’s Office of Special Investigations (OSI) as the Department’s investigative branch to investigate allegations of serious misconduct in the facilities. The Office of Special Investigations conducts criminal and administrative investigations of all allegations of sexual abuse. Allegations of sexual harassment are reviewed by OSI and may either be investigated by OSI or by the facility subject to OSI’s review. In any potentially criminal case, OSI coordinates with the New York State Police Bureau of Criminal Investigation and the pertinent District Attorney’s Office to ensure that any appropriate criminal charges are pursued. New York policies, procedures and directives ensure referral of all allegations of sexual abuse and sexual harassment for investigation. Documentation is made of all reports of sexual abuse and sexual harassment. These reports are investigated and reported with findings; documentation is maintained. Agency directive #4027B, Sexual Abuse Reporting & Investigation indicates the immediacy of reporting these incidents and crimes to the Office of the Special Investigations. The PREA Plan also outlines sexual abuse response and investigation and offender protection investigations, all of which are also outlined for inmates in the offender orientation. Interviews with the investigative staff, random staff and inmates indicate knowledge, familiarity and responsibility with these policies. Agency policy and the institutional procedure comply with PREA standard 115.22 requirements relating to allegations and the investigation of such and document all allegations of sexual abuse and referrals of allegations of sexual abuse and sexual harassment for administrative and criminal investigation.

Standard 115.31 Employee training

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance

determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The DOCCS Training Manual Subject 0.100 – Frequency Training Chart and Training Bulletins, 2/19/15 – Entire and Memo: from Deputy Commissioner and PREA Coordinator, 4/8/15 – RE: Sexual Abuse Prevention and Response Training were reviewed and confirm the documentation addresses all ten points of the PREA employee training requirements. Training records, staff interviews and review of curriculum including Sexual Abuse Prevention and Response Lesson Plan – March 2015 Report of Training Form: Sexual Abuse Prevention and Response (PREA) RTF – PREA (2/20/15) indicated that staff at the BHCF was well-trained. Training is tailored to the gender of the inmates at the employee's facility as per Training Manual Subject 6.500 – Facility Familiarization. Staff is knowledgeable about the PREA Zero Tolerance Policy for sexual abuse and sexual harassment and was clear on how to perform their responsibilities in prevention, detection, reporting and responding. Staff has received PREA written documentation outlining the DOCCS's mission statement and a list of pertinent timely items such as first responder duties, emergency situations and safe prison programs. A laminated card identifying the Department's policy on PREA and the other side identifies the requirement of coordinated response to an incident of sexual abuse for first responder and supervisory staff. This PREA tool was designed for each staff member to be carried with them at all times. The employee training covers information and notices detailing PREA Zero Tolerance Policy for sexual assault/abuse, red flags, suicide prevention and response techniques all emphasize and support the training efforts for BHCF correctional staff. Ongoing in-service PREA training is given to employees who may have contact with inmates and staff sign an acknowledge form showing they have received and understand the PREA training. The facility reported 674 staff during the audit with 659 staff that were trained or re-trained in PREA Policy during the last 12 months. Refresher PREA training is available every year in the in-service training and required by employees with contact with inmates at least every two years.

The auditor, in reviewing staff training rosters, acknowledgements and interviewing staff, noted that there is teamwork exhibited by the facility as a whole with an importance placed on professionalism and the efforts in complying with agency policies, PREA standards and ACA standards and in the daily performance of duties. Random staff interview and random inmate interviews also clearly indicated a thorough and consistent PREA training program. This facility places an emphasis and exceeds standards on Employee Training based on documentation of the excellent training curriculum used for employee training (trainers, videos, power points and instruction with questions), in-service training, laminated card carried by all staff and the priority placed on training by the Department and completed by the facility. This auditor considers this Standard 115.31 to "exceed standards".

Standard 115.32 Volunteer and contractor training

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

All volunteers and contractors who have contact with inmates are required to have PREA training per Directive #4027A, Sexual Abuse Prevention and Intervention, Inmate-on-Inmate, 8/16/11 – IV A 2 and Directive #4028A, Sexual abuse Prevention & Intervention, Staff-on-Inmate – B/17/11 – V A 2. During the last twelve months 379 volunteers/contractors have been trained in DOCCS PREA policies and procedures regarding sexual abuse/harassment prevention, detection, and response. The level and type of training provided to volunteers and contractors is based on the services they provide and the level of contact they have with inmates per Directive #4750, Volunteer Services Program – 3/7/13 – IV C 4 and Memo: from Acting Commissioner, 9/4/13, RE: Policy on the Prevention of Sexual Abuse of Offenders (revised) to all Employees, contractors, Volunteers and Interns. Documentation confirming that volunteers and contractors understand the training they have received is per the Division of Ministerial, Family, and Volunteer Services 2015-Form REV: 3/18/14. All DOCCS staff, contract staff, non-departmental offender work crew supervisors, volunteers and interns with contact with inmates shall be trained and understand the agency's PREA Zero Tolerance for sexual abuse or sexual harassment and retaliation against an offender or employee in any form as a result of reporting an allegation of sexual abuse/harassment. The facility has an Individual Responsibility for Training program for temporary, part time support employees that require mandatory training with acknowledgement from the participants that they received and understood the PREA training.

The auditor review policies and procedures, interviewed a random selection of individuals in all categories of volunteers and contractors and found they have been trained in their responsibilities and requirement of the Zero Tolerance policy. Actual number of contractors and volunteers who have contact with inmates that were trained regarding sexual abuse/harassment prevention, detection, and response were 379 individuals. Copies of records provided show all volunteers and contractors who have contact with inmates have been trained in their responsibilities under the PREA Policy which include procedures regarding sexual abuse/harassment prevention, detection, and response.

Standard 115.33 Inmate education

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Review of Directive #4021, Offender Reception/Classification, 3/20/13 – II, B 11, Memo: from Deputy Commissioner for Program Services and PREA Coordinator, 6/18/15, RE: PREA: Inmate Orientation Implementation and Memo: from PREA Coordinator, 4/29/14 RE: Updated Prevention of Sexual Abuse Brochures and observation during the intake process at BHCF confirms that policies are in place and practice confirms inmates are receiving information explaining the agency’s zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment when they arrive at the facility during intake. The package given at intake included the Inmate Orientation Manual, Revised September 2015 with PREA information on pages 44-45 and a pamphlet “The Prevention of Sexual Abuse in Prison”. Within a week of intake the inmate is given a comprehensive orientation to the agency’s PREA zero-tolerance policy per Directive #4027A, Sexual Abuse Prevention & Intervention, Inmate-on-inmate, 8/16/11 – IV A 2 and Memo: from PREA Coordinator, 10/27/14, RE: Reasonable Accommodations PREA Information. This orientation is under the excellent direction of the facility’s PREA Compliance Manager and includes a video, Ending Sexual Abuse Behind the Walls, available in seven languages and with close captions. The facility provides inmate education in formats accessible to all inmates per Memo: from PREA Coordinator, 4/29/14, RE: Updated Prevention of Sexual Abuse Brochures and Memo: from PREA Coordinator, 10/27/14 RE: Reasonable Accommodations PREA Information and the agency maintains documentation of inmate participation in the education sessions. The agency’s “catch up” date for inmates in the facility and not previously receiving the PREA orientation was July 20, 2015 and now all inmates at BHCF have received the mandatory PREA training and have completed Form 115.33L showing acknowledgement of receiving and understanding the PREA training.

New York PREA policies, procedures and directives ensure every offender receive a written copy of DOCCS’s orientation material during intake assessment and reception both verbal and written about sexual abuse and harassment including the agency’s PREA Zero Tolerance standard, prevention/intervention, self-protection, how to report acts or suspicions of sexual abuse, assaults or harassment by offenders or staff to include reporting utilizing the offender PREA “hotline”. On the day they arrive they are placed on a mandatory PREA orientation list. All new inmates to BHCF are required to attend a PREA orientation. The new inmate list is checked and the inmate signs a form confirming they have received and understand the PREA training. The number of inmates admitted during the last 12 months who were given information at intake was 779 inmates. Of the 28 inmates interviewed 100% indicated they received verbal and written PREA information the day they arrived and attended a PREA orientation class within the first week at BHCF.

Review of policies and procedures, inmate logs for orientation and acknowledge for receiving and understanding the PREA training, tour of facility, PREA posters strategically placed in housing and other buildings and interviews with staff and inmates confirms this standard is a priority. The auditor attended the intake process and the orientation presentation and confirms compliance with this standard. In fact, the results of the facility’s commitment to this standard receives an “exceeds Standard”.

Standard 115.34 Specialized training: Investigations

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the

relevant review period)

- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The DOCCS conducts sexual abuse investigations and per Office of Special Investigations (OSI) Policy and Procedure – Training Requirements for Sex Crimes Investigations 9/1/15 ensures that the 19 investigators receive training in conducting investigations in confinement settings, specialized training including techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. Review of National Institute of Corrections Training (Section Overview) – PREA Investigating Sexual Abuse in Confinement Settings (DOCCS Course Code #17072), Power Point Presentation Excerpt: PREA Specialized Training: Investigations August 5, 2015 and Power Point Presentation Excerpt: Sexual Abuse Investigations and PREA – 2014 Update, June 19, 2014 confirm the special training for investigators is in place and a priority of the agency. Documentation showing the investigators have completed the training is per OSI policy, KHRT Training Report for Course #17072, National Institute of Corrections Training – PREA: Investigating Sexual Abuse in Confinement Settings, Report of Training Form for PREA specialized Training: Investigations August 5, 2015 and Report of Training Form for Sexual Abuse Investigations and PREA – 2014 Update, June 19, 2014.

The auditor reviewed the PREA and Investigations policies, along with the investigator training curriculum (including the power points), personnel policy and found they all reflect that investigators are trained in conducting sexual abuse and sexual harassment investigations in confinement settings and the training is documented. The specialty training was verified through investigators currently employed by the Department who have received and completed the required training. The agency maintains documentation showing that 100% of the 19 investigators have completed and documented the investigators received this special investigator training.

Standard 115.35 Specialized training: Medical and mental health care

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

This Standard requires the agency shall ensure that all full and part-time medical and mental health care practitioners who work regularly in facilities are trained in 4 areas related to sexual abuse and sexual harassment and is covered by DOCCS's Training Manual Subject 6.600, Mandatory Initial Training, Non-Security Staff at Facilities, 2/19/15 (mandatory), Email: OREA – Office of Mental Health Memorandum of Understanding to: all Superintendents (interim MOU between OMH and DOCCS), 6/18/14 and Power Point Presentation: PREA: Medical and Mental Health Care HSPM 1.60 and PREA Standards. The New York State Office of Mental Health provides Mental Health services for DOCCS. Inmates requiring forensic medical examinations are taken to the Westchester Medical Center since they are not done by DOCCS medical staff.

Review of Policies, Procedures and Directives, interviews with medical and mental health staff and observations during tour of medical and mental health confirm mental health and medical staff are trained to detect and assess signs of sexual abuse and/or predation, preserve evidence of sexual abuse, respond to sexual assault victims and how and to whom to report allegations or suspicions of sexual abuse/harassment. Medical and mental health staff were interviewed and found to be knowledgeable of DOCCS procedures in regard to PREA. A comprehensive power point presentation PREA for Medical Services is part of the training requirement. The numbers of medical and mental health care practitioners who work regularly at the facility are eleven 78 and 90% have received and acknowledged the PREA training. The 10 % requiring training are those out on sick leave or new employees that will be scheduled to receive the mandatory training . Observations, review of documentation and interviews with staff and inmates confirm BHCF is compliant with the PREA standard of PREA Audit Report

specialized training for medical and mental health care staff.

Standard 115.41 Screening for risk of victimization and abusiveness

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Agency’s Bedford Hills FOM #602 PREA Screening, 7/23/15 requires all offenders receive a mental health screening and/or evaluation (using an objective screening instrument) during the initial reception and assessment within 24 hours of arrival, offenders at risk for sexual victimization are identified and monitored, sensitive information is not exploited, and housing assignment made ensuring safety and security. The policy addresses and outlines the screening processes for the risk of victimization and abusiveness. An Offender Assessment Screening Form addresses the risk of sexual victimization or the risk of sexual abuser. This intake process conforms to PREA Standards for screening for risk of victimization and abusiveness. The form/checklist for screening, include questions regarding mental, physical and developmental disabilities and whether or not the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex or gender nonconforming, and whether or not the inmate has previously experience sexual victimization. The inmates own perception of vulnerability is also pursued. The auditor watched the intake process for six inmates and found the screening/intake process was well managed and thorough. This information is further related to the Superintendent and additional committee staff for appropriate use and placement for housing and programs. There were 294 inmates entering the facility in the past 12 months and 100% were screened and reassessed within 30 days after their arrival to the facility. This assessment and screening process performed at BHCF appears to positively assist in the effective and efficient inmate security and management at this facility. Confidentiality of information is guarded and released on a “need to know’ basis. Review of policies procedures and directives, interviews with staff and inmates and observation during tour of the facility confirm that screening for risk of victimization and abusiveness at BHCF occurs according to Standard 115.41.

Standard 115.42 Use of screening information

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The agency is mandated to use information from the risk screening, making individualized determinations, to inform housing, bed, work, education and program assignments with the goal of keeping separate those inmates at high risk of victimization from those at high risk of being abusive as per Directive #4027A, Sexual Abuse Prevention & Intervention, Inmate-on-Inmate, 8/16/11 – IV B 1, 2 and Bedford Hills FOM #602, PREA Screening, 7/23/15 – I, III 5. The agency considers assignment of a transgender or intersex inmate to a facility on a case-by-case basis as in document Bedford Hills FOM # Memo from PREA Coordinator and Assistant Commissioner, 10/27/14, RE: New/Revised Other Security Characteristics Regarding Sexual Orientation and Gender Identity (SOGI). Placement and programming assignments for each transgender or intersex inmate is reassessed at least twice each year per Directive #4401, Guidance & Counseling Services, 2/11/13 – II B 1a. Transgender and intersex inmates’ own view views with respect to his/her safety is given serious consideration and they are given the opportunity to shower separately from other inmates per Bedford Hills FOM #602 and SOGI Memo dated 10/27/14.

New York PREA Screening requires the facility use information from the risk screening evaluation in accordance with policies, procedures and directives in order to inform staff making housing, work, education and program assignments with the goal of keeping offenders at risk of being sexually victimized separate from those at high risk of being sexually abusive. The screening information is collected as data on an Assessment Form and is used for offender housing assignment. Information from these forms is used by the facility to make individualized determinations about how to ensure the safety of each inmate.

Interviews with intake, medical and mental health staff supported by interviews with inmates as well as observation and review of documentation supports the use of the screening information as being on a “need to know” basis and consistent with appropriate custody and security. At the time of the audit and for the last 12 months the facility housed two transgender or intersex inmates, 7 lesbian inmates, 2 gender non-conforming and 6 bisexual inmates. Staff interviews confirm they understand and are well trained in how to comply with the use of screening information per PREA Standard 115.42.

Standard 115.43 Protective custody

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Inmates at high risk for sexual victimizations shall not be placed involuntary segregated housing unless an assessment of all available alternatives have been made that there is not available alternative means of separation from likely abusers under Standard 115.43 Protective custody. Inmates placed in segregated housing for this purpose must have access to programs, privileges, education and work opportunities, assignment shall not ordinarily exceed a period of 30 days and placement must be documented. The agency’s Directive #4948, Protective Custody Status, 3/13/15 – Entire, Forms 2168A, 4948A addresses all elements of this standard. During the last 12 months Bedford Hills has not placed an inmate in involuntary or voluntary protective custody due to being a high risk for sexual victimization. The facility makes individualized determinations on housing and programs to ensure the safety of each inmate. Review of documents, observations and interviews with security staff that supervise in the Special Housing Unit confirm that the policy is in place and staff understands their PREA duty to meet this standard.

Standard 115.51 Inmate reporting

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

This standard requires the agency provide multiple internal ways for inmates to privately report sexual abuse and sexual harassment, retaliation by other inmates or staff and staff neglect or violation of responsibilities that may have contributed to such incidents and provide at least one way for inmates to report to a public or private entity or office that is not part of the agency. Staff per this standard must accept reports made verbally, in writing, anonymously, and from third parties and shall promptly document any verbal reports. Staff must have a

method to privately report sexual abuse and harassment of inmates. DOCCS Directive # 4027A, Sexual Abuse & Intervention – Inmate-on-Inmate, 8/16/11 – IV C, Directive #4028A, Sexual Abuse & Intervention – Staff-on-Inmate, 8/17/11 – V B 2 and Employee Manual – 2.20 were reviewed and found to address the standard requirements in detail. The auditor also reviewed a letter to DOCCS Acting Commissioner from Chairman of the State Commission of Correction, 4/8/14 - RE: Inmate and Resident Reporting supporting a public or private entity to receive inmate reports and a sample of Pamphlet (English/Spanish) The Prevention of Sexual Abuse in Prison identifying many ways for inmates to make reports. Samples of OMH Reported PREA allegation and Third Party Reporting were reviewed.

The agency has established procedures allowing for multiple internal ways for inmates to report sexual abuse/harassment privately and to agency officials. Additionally, the Offender Orientation Manual issued to each offender provides sexual assault awareness, facts for the offender who sexually assaults other offenders, rape avoidance and what to do if you are sexually assaulted. Offenders may report allegations directly to staff, the Chief of Security, family members, Department's OSI, State Commission of Corrections. The MOU with New York Department of Health is to provide a unified effort between entities to provide the offender with confidential reporting of abuse/harassment related to sexual violence. Third parties, including fellow offenders, staff members, family members, attorneys, and advocates, shall be permitted to assist offenders and request for administrative remedies relating to an allegation of sexual abuse. This information is attainable in inmate handbooks, posters, bulletin boards, information handouts, libraries and, of course, through staff. Review of documentation, observations and interviews with staff and inmates confirm that the requirements of PREA Standard 115.51 are in place and practiced at BHCF.

Standard 115.52 Exhaustion of administrative remedies

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

This Standard is Non-Applicable. The agency is exempt from Standard 115.52 in accordance with Directive #4040, Inmate Grievance Program, 7/12/06 & Rev. Notice 5/15/14 – 702.2 (i) Correction Law, Section 139, 9 NYCRR. Part 7695.

Standard 115.53 Inmate access to outside confidential support services

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

This standard requires the facility provide inmates with access to outside victim advocates for emotional support service, provide mailing addresses and telephone numbers including toll-free hotline numbers and provide reasonable communication between inmates and the organizations and agencies. The facility shall inform inmates, prior to giving them access, the extent to which such communications will be monitored and forwarded to authorities in accordance with mandatory reporting laws. Review of Directive #4404, Inmate Legal Visits, 1/6/15 – II A, E, iV J, Directive #4421, Privileged Correspondence, 1/13/14 – II A4, III A2, C and Directive #4423, Inmate Telephone Calls, 1/15/14 and Rev. Notice 5/21/15 – VIII C 2 confirm policies are in place to support the requirements of this standard. A Hot Line is

available to inmates by dialing #77. The agency has a contract for inmate services for sexual assault and crime victims assistance program at Samaritan Hospital of Troy, New York per Contract Extension between DOCCs and designated rape crisis program, 9/23/14 – 9/15/15 and also has support per Memo: from PREA Coordinator to all Superintendents, 4/4/14, RE: Just Detention International Resource Guide. The agency has received grants for PREA from the Bureau of Justice Assistance (BJA).

New York DOCCS has policies, procedures and directives requiring the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates address, telephone numbers for local, state, or national victim advocacy or rape crisis organizations with toll-free hotline numbers when available. Also, the policy requires BHCF staff inform the offender prior to giving access to victim advocates the extent to which communications will be monitored and extent to which reports will be forwarded to authorities in accordance with mandatory reporting laws.

There are lists of outside confidential support services provided to the inmate population at BHCF. There is a signed contract with Samaritan Hospital of Troy providing support to inmates with these emotional services related to sexual abuse or sexual harassment in this community. The auditor reviewed the contract, tested the Hot Line, observed posters strategically placed in the housing units and other sites within the facility, interviewed staff and inmates and reviewed documents to conclude BHCF is compliant with this PREA standard 115.53 inmate access to outside confidential support services standard.

Standard 115.54 Third-party reporting

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

This standard requires the agency establish a method to receive third-party reports of sexual abuse and sexual harassment and shall distribute publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate. New York DOCCS PREA Policy Web Page is found at www.doccs.ny.gov. This Web Page includes comprehensive information on the agency’s policies, procedures and directives, history and requirements of PREA, reporting opportunities. Additional documents on the Web Page are pamphlets of “what inmates need to know”, training opportunities and requirements, inmate orientation manual and posters.

Third-party reporting of sexual abuse and sexual harassment is covered in agency directives with a method to receive third-party reports of sexual abuse or sexual harassment and publicly distributes information on how to report resident sexual abuse/harassment on behalf of offenders. New York post advertisements with this in agency documents and information in the facility, developed curriculum used in mandatory PREA training, brochures, pamphlets, handouts and displays this PREA information on the agency’s website. Third-party reporting is available with the Department’s OSI or the New York State Bureau of Investigation (SBI) who provides offenders with confidential reporting. Observations during the tour of the facility found the printed information strategically placed per policy in the facility for inmate viewing. Review of documentation, interviews with staff and inmates and observations during the tour of the facility confirm BHCF is compliant with providing third-party reporting of sexual abuse, harassment and retaliation to offenders.

Standard 115.61 Staff and agency reporting duties

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance

determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Standard 115.61 requires staff and agency reporting duties include: immediately reporting knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility; retaliation against inmates or staff who report incidents; any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation and not reveal any information related to the report other than to the extent necessary as specified in agency policy, to make treatment, investigation and other security and management decisions. Unless precluded by Federal, State, or local law, medical and mental health practitioners are required to report sexual abuse and to inform inmates of their duty to report, and the limitations of confidentiality, at the initiation of services. Review of agency documentations including: Directive #4027A, Sexual Abuse Prevention & Intervention – Inmate-on-Inmate, 8/16/11 – IV C; Directive #4028A, Sexual Abuse Prevention & Intervention, - Staff-on-Inmate, 8/17/11 – V B; Bedford Hills FOM #600, Sexual Abuse and Sexual Harassment, 4/21/15 – II, III B; Bedford Hills FOM #600, Sexual Abuse and Sexual Harassment, 4/21/15 – II, III B; and Employee Manual – 2.20 provide the necessary agency policies for these parts of the standard. If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable person's statute, the agency will, per the standard, report the allegation to the designated State or local services agency under applicable mandatory reporting laws. New York DOCCS's NYS Child Abuse Reporting and Teen Sexual Activity makes it mandatory reporters must report reasonable suspicion child abuse or neglect immediately to the Statewide Central Register. Per this standard's requirement to report all allegations of sexual abuse and sexual harassment including third-party and anonymous reports, to the facility's designated investigators the agency's Directive #0700, Office of Special Investigations, 10/23/14 – III D identifies the Sex Crime Unit to handle BHCF reports of all allegations.

Review of Agency and BHCF policies, procedure and directives confirm they requires all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse/harassment that occurred in a facility whether or not it is part of the agency; retaliation against inmates or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Policy prohibits staff from revealing any information related to sexual abuse, report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions. Review of the documentation, interviews with staff and offenders and signed training acknowledgement forms confirm staff is trained and aware of their reporting responsibilities of the standard.

Standard 115.62 Agency protection duties

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

This standard requires when an agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, it shall take immediate action to protect the inmate. The auditor reviewed the agency Directive #4948, Protective Custody Status, 3/13/15 – II C, III D that requires staff to take immediate action to protect the offender immediately when knowledge, suspicion, information is received regarding an incident of sexual abuse/harassment. In the agency each case is evaluated by the facility or OSI based upon the nature of the report and potential harm. Supervisory rounds will be increased as appropriate. An inmate at risk or a potential predator may be moved to another housing unit or transferred. If no other options are available, a potential victim may be temporarily place in protective custody until other steps can be taken.

The agency No 4040 Inmate Grievance Program, 7/12/2003 requires that a supervisor refers any grievance of an emergency nature directly to the appropriate response level having authority to issue an immediate or expeditious and meaningful response. An emergency includes, but is not limited to, a situation, action, or condition in which an inmate's or an employee's health, safety, or welfare is in serious threat or danger. The facility determined that one inmate was subject to a substantial risk or imminent sexual abuse/harassment during the last 12 months and action and movement of the inmate was processed immediately in less than one hour from the notification. The BHCF staff is very knowledgeable and well trained in their protection duties when an inmate is subject to imminent sexual abuse or risk of imminent

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sexual harassment. Staff interviews, review of training material and documentation confirm this PREA standard is taken seriously and is being followed.

Standard 115.63 Reporting to other confinement facilities

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

This standard requires that upon receiving an allegation that an inmate was sexually abused while confined at another facility, the head of the facility that received the allegation shall notify the head of the facility or appropriate office of the agency where the alleged abuse occurred as soon as possible, but no later than 72 hours after receiving the allegation. The auditor reviewed the agency's policy as stated in Memo: from Associate Commissioner PREA Coordinator to all Superintendents 7/31/15 RE: PREA Standard 115.63 providing the procedures mandating compliance with the standard's requirements. During the past twelve months BHCF received one allegation of sexual abuse from another facility. The auditor reviewed the documentation and found the facility followed the appropriate procedure per the agency policy and the standard. The BHCF Superintendent sent a memo dated July 15, 2015 to the Superintendent of the facility transferring the inmate advising of the incident and pending investigation.

During the past 12 months BHCF received 15 allegations the facility that an inmate was abused while confined at another facility. The facility received allegations from other NY state prisons, some counties and one out of state. The Superintendent emailed the head of those agencies and reported the incident. The superintendent received responses from all acknowledging the complaint with the status being investigated, already investigated or closed. Upon reviewing documentation it is confirmed that BHCF receiving an allegation that an inmate was sexually abused while confined at another facility, is required by DOCCS procedure that the Superintendent of the facility that received the inmate immediately notified the facility where the sexual abuse is alleged to have occurred. Through review of policy and in the interview with the Superintendent and specialized staff it was noted that the staff is knowledgeable of and follows this procedure. During the last 12 months, the number of allegations the facility received that an inmate was abused while confined at another facility was one. Based on review of documentation, observations, interviews and the training for this standard it is confirmed requirements of this policy is in force and followed.

Standard 115.64 Staff first responder duties

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

This standard requires upon learning of an allegation that an inmate was sexually abused, the first security staff member to respond to the report shall be required to: separate the alleged victim and abuser; preserve and protect any crime scene until appropriate steps can be taken to collect any evidence; if time period allows for collection of physical evidence request that the alleged victim not take any actions that could destroy physical evidence and if first staff responder is not a security staff member, the responder shall be required to request that the

alleged victim not take any actions that could destroy physical evidence,, and then notify security staff. Review of agency policies, procedures and directives included: Directive #4027B, Sexual Abuse Reporting & Investigation – Inmate-on-Inmate, 8/16/11 – V C 1, 4,6,7 (a) (c); Directive #4028B, Sexual Abuse Reporting & Investigation – Staff-on-Inmate, 8/17/11 –V C 1, 4 ,6, 7 (a); Bedford Hills FOM #604 Coordinated Response to an Incident of Sexual Abuse; Memo: from Deputy Commissioner and Associate Commissioner to all Superintendents dated 6/14/13 RE: Inmate Sexual Activity; and Lesson Plan Sexual Abuse Prevention and Response RE: Actions of a 1st Responder. These documents confirm the agency has the appropriate policies in place for compliance in this staff first responder duties standard.

The agency requires that upon learning of an allegation that an inmate was sexually abused, the first security staff member to respond to the report shall require; separate alleged victim and abuser; preserve and protect crime scene; collect any evidence; if timeframe allows collect and protect evidence and advise offender to not take any action that could destroy evidence. In the past 12 months 19 offenders alleged that she was sexually abused with only one reported in time for a first security staff member to respond to the report and separate the alleged victim and abuser. The number of times a non-security staff member was the first responder was zero. However, interviews with staff and review of training provided found the agency and the facility considers this standard a priority and is prepared, by policy to respond per the requirements of the standard.

The auditor reviewed the agency’s policies, procedures, directives and other document and found they all detail the policy and action for the first responder to an allegation of sexual abuse/harassment. The Agency and BHCF has further emphasized first responder duties by distributing cards and handouts on sexual assault/harassment to include steps to take if a sexual assault/harassment occurs. These steps and duties were confirmed by random staff interviews, investigative staff interviews, higher and intermediate level supervisor interviews and through review of training curriculum and documents. Each staff member carries a laminated card that has the PREA Policy on one side and the 1st responder requirements on the other side. This card constantly reminds all staff of their responsibilities in meeting the PREA Standards. Interviews with staff, review of documentation and examination of policies and procedures confirm the BHCF not only meets but “exceeds” in this standard.

Standard 115.65 Coordinated response

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

This standard requires the facility develop a written institutional plan to coordinate actions taken in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators and facility leadership. The auditor reviewed the BHCF institutional plan, Bedford Hills FOM #604, Coordinated Response, 7/24/15 – Entire and found all elements of the standard are addressed in the facility’s plan to coordinate actions taken in response to an incident of sexual abuse. Review of the plan and interviews with staff, including specialized staff, found this standard requirements are met and the plan is enforced. The plan dictates responding to an allegation of sexual abuse and requires a coordinated effort between unit security staff, the Office of Special Investigation, administrative staff and medical and mental health services and victim advocates or victim offender representatives. Procedures have been outlined to provide a systematic notification in the response process following a reported sexual abuse incident. Interviews with the Superintendent and higher-level staff indicated a commitment by the facility leadership for handling a coordinated response.

Standard 115.66 Preservation of ability to protect inmates from contact with abusers

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

This standard requires neither the agency nor any other governmental entity responsible for collective bargaining on the agency’s behalf shall enter into or renew any collective bargaining agreement or other agreement that limits the agency’s ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted. Review of the agency’s Directive #2110, Employee Discipline-Suspension from Duty During the Continuation of Disciplinary Proceedings, 4/27/15 – III and Directive #2114, Functions of the Bureau of Labor Relations, 6/11/14 – IV 1, K confirm the requirements of this standard are covered in the directives and enforced by the agency. The agency has not entered into or renewed any collective bargaining agreement or other agreement since August 20, 2012. The state has state union contracts with: New York State Governor’s Office of Employee Relations (GOER); Administrative Services Unit (ASU); Operational Services Unit (OSU); Institutional Services Unit (ISU); Professional, Scientific and Technical Services Unit (PS&T); Security Services Unit (SSU) and Security Supervisors Unit (SSPU). The state union contracts allow removing alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted. A copy of a letter of suspension for a correctional officer was provided addressed to the facility Superintendent from the Bureau of Labor Relations. Review of documents, interview with staff and inmates, and observations during the tour of the facility confirm the requirements of this standard are in place and followed.

Standard 115.67 Agency protection against retaliation

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

This standard requires the agency: establish a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff and the agency shall designate which staff members or departments are charged with monitoring retaliation; employ multiple protection measures; monitor the conduct and treatment of inmates or staff who reported for at least 90 days following the date of the report; in case of inmates monitoring shall include periodic status checks; and the agency shall take appropriate measures to protect individuals who cooperate with an investigation and express fear of retaliation. The agency’s obligation to monitor terminates if the agency determines that the allegation is unfounded. The agency has appointed the facility’s Assistant Deputy Superintendent who is the PREA Compliance Manager and PREA Point Person for BHCF as the staff person responsible to develop and monitor retaliation for the facility. The auditor reviewed the following: Directive #4027A, Sexual Abuse Prevention & Intervention, Inmate-on-Inmate, 8/16/11 – IV C 5, V B, D; Directive #4027B, Sexual Abuse Reporting and Investigation – Inmate-on-Inmate, 8/16/11 – IV B, D, V C 4; Directive #4028A, Sexual Abuse Prevention & Intervention – Staff-on-Inmate, 8/17/11 – V B 5, VI E; Directive 4028B, Sexual Abuse Prevention & Intervention – Staff-on-Inmate, 8/17/11 – 5 C 4, 7; and Memo: from PREA Coordinator to all Superintendents RE: Retaliation Monitoring Form. These documents confirm all the requirements of Standard 115.67 have been placed in policies and procedures, understood by staff and inmates and retaliation requirements are monitored.

Decisions on protective measures are made on a case-by-case basis. Both the facility administration and the Office of Special Investigations consider whether the present housing placement is appropriate and, if not consider whether a move to another housing unit or a transfer to another facility is appropriate. New York DOCCS protects all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations, from retaliation by staff or inmates. Personnel policies covering sexual harassment and discourteous conduct of a sexual nature, general rules of conduct, sexual misconduct with offenders, discrimination in the workplace, and protection against retaliation follow the requirements of this standard. Retaliation monitoring includes review of any inmate disciplinary

reports, housing or program changes, or any negative performance reviews or reassignments of staff. In the case of inmates, monitoring includes periodic in-person status checks approximately every 30 days. A copy of the PREA Retaliation Form was reviewed and the form showed the inmate was checked at 30, 60 and 90 days as required by policy. If initial monitoring indicates a continuing need the monitoring will be extended. In the case of offender monitoring periodic status checks are included as needed. Review of documentation and interviews with staff and inmates confirm that this standard is covered in the agency and facility PREA standards, staff and inmates have been trained and signed acknowledgement forms. While zero number of times of an incident of retaliation has occurred in the past 12 months the facility is well prepared to prevent and handle any incidents of retaliation per agency protection against retaliation as required by PREA Standard 115.67.

Standard 115.68 Post-allegation protective custody

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

According to Standard 115.68 any use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse shall be subject to the requirements of Standard 115.43 Protective Custody. The agency Directive #4948, Protective Custody Status, 3/13/15 –II C, III D, Form 2168, Form 2170A was reviewed and found to have the necessary requirements of both Standard 115.68 and Standard 115.43. According to the Directive inmates who allege sexual abuse and are placed in protective custody status are evaluated and recommended for transfer to facilities where they may be appropriately programed in general population.

The agency policies prohibits the placement of inmates who allege to have suffered sexual abuse in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made that there is not available alternative means of separation from likely abusers. If determined such housing is necessary, the BHCF would explore other alternatives such as a transfer. Bedford Hills has not placed an inmate in voluntary or involuntary protective custody to protect an inmate who is alleged to have suffered sexual abuse. Post-allegation protective custody Standard 115.68 is in place and a priority in BHCF.

Standard 115.71 Criminal and administrative agency investigations

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

According to Standard 115.71 when the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, it shall do so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports. The auditor reviewed Directive #0700, Office of Special Investigations, 10/23/14 – Entire and found the agency has a special Sex Crimes Unit in the Office of Special Investigations and the Directive meets the requirements of this part of the standard. Per the standard the agency shall use investigators who gather and preserve direct and circumstantial evidence and shall have received special training in sexual abuse investigations pursuant to Standard 115.34 who will gather and preserve direct and circumstantial evidence confirmed by OSI Policy &

Procedure, Training Requirement for Sex Crimes Investigators, 9/1/15, Power Point Presentation: PREA Specialized Training: Investigations August 4, 2015. When the quality of evidence appears to support criminal prosecution, the agency conducts compelled interviews only after consulting with prosecutors whether interviews may be an obstacle for subsequent criminal prosecution per agency Directive #0700. Administrative investigations shall include an effort to determine whether staff actions or failures to act contributed to the abuse and should be documented in written reports per Directive #0700. Criminal investigations are documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence when feasible and is substantiated allegations of conduct that appears to be criminal is referred for prosecution with written reports retained for as long as the alleged abuser is incarcerated or employed by the agency, plus five years. The departure of the alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation confirmed in agency Letter to Superintendent New York State Police, 5/2/14 RE: Implementation of the PREA Standards. The auditor reviewed: Office of Special Investigations Sex Crimes Division – Inmate-on-Inmate Dispatch and Operational Guidelines – Entire; Office of Special Investigations Sex Crimes Division – Staff-on-Inmate Dispatch and Operational Guidelines – Entire; and Sex Crimes Division Checklist and found requirements of Standard 115.71 Criminal and administrative agency investigations are in place in agency policies and a priority of the facility.

Review of policies, procedures, directives, investigator training material and interviews with investigation and facility staff confirm the areas in this standard are being followed including retention of all written reports for as long as the alleged abuser is incarcerated or employed by the agency, plus 5 years. There have been three substantiated allegations of conduct that appeared to be criminal that were referred for prosecution since August 20, 2012. Review of the specialized training power point for investigators, specialized training rosters for investigators, incident notification checklist, and request for investigation, comprehensive report and sexual assault report forms confirms this standard is considered a priority and compliant.

Standard 115.72 Evidentiary standard for administrative investigations

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

According to Standard 115.72 the agency shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated as described in DOCCS Lesson Plan Sexual Abuse Investigations and PREA 2014 Update meeting the requirement of this standard. The auditor found the agency imposes a standard of preponderance of the evidence for determining whether or not allegations of sexual abuse or sexual harassment are substantiated. Interviews with specially trained investigators and review of policies and procedure confirm compliance with this standard. Review of documentation, observations and interviews with investigative staff confirm Evidentiary standard for administrative investigations 115.72 is in place and compliant at BHCF.

Standard 115.73 Reporting to inmates

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These

recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

According to Standard 115.73 following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, the agency will inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. Review of Memo: from Chief, Office of Special Investigations, 9/14/15 RE: Notification of Investigative Determination and Memo: from Deputy Chief, Office of Special Investigations, 7/29/15 RE: Sex Crimes Division (SCD) Close Out Procedures confirmed the requirements of Standard 115.73 are in place in the agency procedures. During the last twelve months there were 19 investigations of alleged inmate sexual abuse that were completed by the agency with 7 inmates notified of the results of the investigations. The 7 investigation notifications were for 6 unsubstantiated and 1 substantiated for a staff member who resigned. The 12 inmates not receiving notification were no longer in the DOCCS system and per standard and policy an agency's obligation to report terminates if the inmate is released from the agency's custody.

The agency policies, procedures and directives require that all inmates who make allegations of sexual abuse shall be informed as to whether the investigative finding was substantiated (sent to prosecution/sustained) or unsubstantiated (administratively closed/not sustained) or unfounded. Additionally, the offender victim shall be notified following the suspect assailant indictment or conviction on the related charge. Interviews with investigators confirm that an inmate who makes an allegation that he suffered sexual abuse at BHCF is informed verbally or in writing as to whether or not the allegation was determined to be substantiated or unsubstantiated or unfounded following an investigation. Review of documentation and interviews with staff and inmates confirm the agency had policies in place as required by the standard and the facility is utilizing the policies as required.

Standard 115.76 Disciplinary sanctions for staff

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

According to Standard 115.76 staff shall be: subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or harassment policies; termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse; and disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment shall be commensurate with the nature and circumstances of the acts committed, the staff's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. Review of agency's documentation included: Directive #2605, Sexual Harassment in the workplace, 11/6/14 – I, IV; Directive #4028B, Sexual Abuse Reporting & Investigation – Staff-on-Inmate, 8/17/11 – II; Directive #2111, Report of Employee Misconduct, 2/26/14 – I, II, III A 3, 4, 6, IV,V; Sample: Termination RE: Felony Conviction and Sample: Employee Suspension RE: Sexual Harassment and found the documentation addressed each area of the standard, has been implement and practice according to the policies, procedures and directives. According to the standard all terminations for violations of agency sexual abuse or sexual harassment policies or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies. Review of the agency's Directive #4028B, Sexual Abuse Reporting & Investigation – Staff-on-Inmate, 8/17/11 – II confirms the standard requirement is included in this directive and samples of termination and suspensions were included to support the directive.

Review of the agency's documentation found disciplinary sanctions for staff have been implemented per the requirement of the standard. During the past 12 months 3 staff from the facility violated agency sexual abuse or sexual harassment policies and were terminated or resigned and the investigations were reported to law enforcement. Individual conduct of employees showing cause for discharge related to sexual harassment, discourteous conduct of a sexual nature, general rules of conduct in disciplinary action, guidelines for employees and sexual misconduct with offenders, detail the sanctions and actions required in compliance with this standard. Staff acknowledged the training and understanding of the standard. Review of policies, procedures, directives and sample forms and interviews with staff including Human Resources staff confirm Standard 115.76 disciplinary sanction for staff is in place at BHCF and per Standard 115.76.

Standard 115.77 Corrective action for contractors and volunteers

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Corrective action for contractors and volunteers who engages in sexual abuse per Standard 115.77 shall result in prohibiting them from contact with inmates and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. Also, the facility shall take appropriate remedial measures, and shall consider whether to prohibit further contact with inmates, in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer. Review of the Memo: From Acting Commissioner to Employees, Contractors, Volunteers and Interns 9/4/13 Prevention of Sexual Abuse – Revised and a sample acknowledgement of receipt contract and volunteer form showing participation in training of this policy confirm contractor and volunteer requirements per this standard are in place. There was not an occasion of an allegation of Sexual Abuse by a contractor or volunteer during the last twelve months at BHCF.

Review of New York DOCCS documentation found, per policy, any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with inmates and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies and the facility shall take appropriate remedial measures, and shall consider whether to prohibit further contact with inmates, in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer. Review of documentations, interviews with staff, investigators and offenders find this standard is enforced and a priority.

Standard 115.78 Disciplinary sanctions for inmates

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Disciplinary sanctions for inmates per Standard 115.78 requires that inmates be subject to disciplinary sanctions pursuant to formal disciplinary process following an administrative finding that the inmate engaged in inmate-on-inmate sexual abuse or following a criminal finding of guilt for inmate-on-inmate sexual abuse. This requirement is found in DOCCS Directive #4027A, Sexual Abuse Prevention & Intervention – Inmate-on-Inmate, 8/16/11 – IV C 5. D and Memo: from Deputy Commissioner to all Superintendents, 7/22/14, RE: Disciplinary Dispositions Guidelines. The standard requires sanctions be commensurate with the nature and circumstances of the abuse committed, inmate's disciplinary history, and sanctions imposed for comparable offenses by other inmates with similar histories and disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to her behavior and these requirements are placed in DOCCS Memo: from Deputy Commissioner to all Superintendents, 7/22/14, RE: Disciplinary Dispositions Guidelines. If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse the facility shall consider whether to require the offending inmate to participate in such interventions as a condition of access to programming or other benefits with this confirmed in a copies of actual inmate disciplinary activity in BHCF E Form, 6/5/09 RE: Non Sex Offense Referral Sex Offender Counseling and Treatment Program. The Agency's Standards of Inmate Behavior All Institutions – Series confirms that

BHCF may discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact. Agency's Directive #4028A, Sexual Abuse Prevention & Intervention – Staff-on-Inmate, 8/17/11 – V B 5 confirms for the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute false reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation. The agency's Memo: from Deputy Commissioner to all Superintendents, 7/22/14, RE: Disciplinary Dispositions Guidelines outlines the agency may, in its discretion, prohibit all sexual activity between inmates and may discipline inmates for such activity and outlines that the agency may not deem such activity to constitute sexual abuse if it determines that the activity is not coerced.

In the past 12 months there have been 0 incidents of administrative finding of inmate-on-inmate and 0 incidents of criminal findings of guilt for inmate-on-inmate sexual abuse that occurred at BHCF. Review of policies, procedures, directives and other documents, interviews with staff and inmates confirm the facility requires inmates be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the inmate engaged in inmate-on-inmate sexual abuse or following a criminal finding of guilt for inmate-on-inmate sexual abuse and actions shall be commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories. The disciplinary process considers whether an inmate's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed. There were no inmates disciplined for sexual abuse, sexual harassment or retaliation at BHCF during the last twelve months. Review of documentation, interviews with staff and offenders confirm disciplinary sanctions for inmates are according to the PREA standard.

Standard 115.81 Medical and mental health screenings; history of sexual abuse

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

According to this standard if the medical and mental health screening pursuant to Standard 115.41 indicates that a prison or jail inmate has experience prior sexual victimization, whether it occurred in an institution setting or in the community, staff shall ensure the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening and if the screening indicates that a prison inmate has previously perpetrated sexual abuse staff shall ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening. Any information related to sexual victimization or abusiveness that occurred in an institutional setting shall be strictly limited to medical and mental health practitioners and other staff as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law. Medical and Mental health practitioners shall obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18. The auditor reviewed Bedford Hills FOM #602, PREA Screening, 7/23/15 – II, III 5 – Attachment A. Attachment B and Interim Memorandum of Understanding between OMH and DOCCS and found the documents confirm that the requirements of this standard are in facility policies, implemented and monitored.

All inmates at BHCF that disclosed prior sexual victimization during screening are offered follow-up with a medical or mental health staff within 7 days. The original screening of all inmates at BHCF is immediately upon arrival by a sergeant using written objective screening instrument. A follow-up as outlined in Bedford Hills FOM #602 to discuss the screening and offer medical and mental health occurs within 7 days. Follow-up is outlined in the health screening form and mental health evaluation. Information related to sexual victimization or abusiveness that occurred is strictly limited to medical and mental health practitioners. Medical and mental health practitioners obtained informed consent before reporting prior sexual victimization that did not occur in an institutional setting. During the last 12 month 1,539 100% of the inmates admitted to the facility received screening upon arrival and follow-up for medical and mental health needs within 7 days. The process was confirmed by the auditor who observed the initial intake screening and follow-up process and confirm the policies are in place for this standard, implemented and monitored. Interviews with medical and mental health staff confirmed they have received specialized training regarding sexual abuse and sexual harassment, are required to report any knowledge, suspicion or information regarding an incident to a designated supervisor or official immediately upon learning of it, ensure victims of sexual abuse receive timely and unimpeded access to emergency medical treatment and crisis intervention services immediately. Offenders confirmed the medical and

mental health services were available to them. Review of documentation, interviews with staff and inmates and observation during the intake confirms that the policies are in place to meet all the requirement of Standard 115.81.

Standard 115.82 Access to emergency medical and mental health services

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

This standard requires inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment and if no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, security staff first responders shall take preliminary steps to protect the victim pursuant to Standard 115.62 and shall immediately notify the appropriate medical and mental health practitioners. At BHCF inmate victims of sexual abuse while incarcerated are offered timely information about and timely access to emergency contraception and sexual transmitted infections prophylaxis and treatment services by policy are provided to the victim without financial cost and whether the victim names the abuser or cooperates with any investigation arising out of the incident. Bedford Hills has the Regional Medical Unit providing inpatient and outpatient care for female offenders statewide and the unit is staffed 24 hours per day, seven days per week. The auditor reviewed the agency’s HSPM 1.60, Sexual Assault, 5/20/14 – I, II, III, 1 b, d, e, 2 d and Bedford Hills FOM #604, Coordinated Response to an Incident of Sexual Abuse, 7/24/15 – Entire and found the elements of this standard have been put in policies, implemented and monitored by BHCF.

Agency policies mandate inmate victim of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, at no cost to the inmate, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment. If no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, security staff first responders shall take preliminary steps to protect the victim and shall immediately notify the appropriate medical and mental health practitioners. The medical department at BHCF is staffed 24 hours a day. Offenders in need of emergency services are transported to Mt. Vernon Hospital, Westchester Medical Center Northern Westchester, and Putnam. SANE staff is available 24/7 and provides victim advocate service to the inmate for required crisis intervention services. Review of documentation, interviews with medical and mental health staff confirm Standard 115.82 access to emergency medical and mental health services is available for offenders at BHCF according to the standard.

Standard 115.83 Ongoing medical and mental health care for sexual abuse victims and abusers

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

According to Standard 115.83 the facility shall: offer medical and mental health evaluation and, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility; evaluate and offer treatment of victims to include follow-up

services, treatment plans, and, when necessary, referrals for continued care following transfer to, or placement in, other facilities, or their release from custody; provide victims with medical and mental health services consistent with the community level of care; offer pregnancy test when required; If pregnancy results offer timely and comprehensive information about and timely access to all lawful pregnancy-related medical services; offer test for sexually transmitted infections as medically appropriate; provide treatment service without cost to victim; and conduct a mental health evaluation of all know inmate-on-inmate abusers within 60 days of learning of abuse history and offer treatment when deemed appropriate by mental health practitioners. Review of the agency's HSPM 1.44 – Health Screening of Inmates, 12/2/13, I, HSPM 1.12B Inmate Bloodborne Pathogens Significant Exposure Protocol, 12/11/14 – I, II, III, HSPM 1.60 Sexual Assault, 8/3/15 Entire and Email: PREA – Office of Mental Health Memorandum of Understanding To: All Superintendents (Interim MOU between OMH and DOCCS), 6/18/14 confirm the requirements of this standard have been places in policies, implemented and are being monitored at BHCF.

Review of medical/mental health treatment as required by the standard and outlined in agency policies addresses ongoing care and follow-up and confirms proper implementation of this PREA responsibility. Review of policy, procedures and manuals, interviews with staff and offenders confirm BHCF considers ongoing medical and mental health care for sexual abuse victims and abusers a priority. Employees interviewed at BHCF confirmed their commitment and dedication to appropriate and personalized total healthcare to the inmates. Sexual assault awareness brochures and handout materials received at intake and other information in the inmate handbook along with the PREA orientation advise the inmate population of the offerings by medical and mental health department concerning evaluation, treatment and ongoing medical and mental health care as appropriate for the sexual abuse treatment of inmates, victims and abusers. Review of policies, procedure, forms and other documentation, observations and interviews confirm ongoing medical and mental health care for sexual abuse victims and abusers at BHCF is according to Standard 115.83.

Standard 115.86 Sexual abuse incident reviews

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

According to this standard the facility shall: conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation unless the allegation is unfounded; conduct review within 30 days of the conclusion; and identify a review team including upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners. The review team shall: consider allegation or investigation require a change of policy to better prevent, detect, or respond to sexual abuse; consider is report was motivated by race, ethnicity, gender identity or gang affiliation; examine the area where incident allegedly occurred to review physical barriers; assess staffing levels in area during different shifts and assess monitoring technology; and prepare a report of findings. Review of Memo: from Deputy Commissioner and PREA Coordinator to all Superintendents, 5/9/14, RE: PREA Procedural Enhancements – Sexual Abuse Response and Containment Checklist; Sexual Abuse Incident Review and Security Staffing Audits and Memo: from Director of Operations to Assistant Deputy Chiefs of Investigations, Sex Crimes Investigation, RE: Sexual Abuse Incident Review Information (SAIRI) Form confirm that the elements of the sexual abuse incident reviews required in this standard have been placed in policies and forms by the agency, have been implemented and are being monitored accordingly. The facility implements recommendations, based on allegations and investigations, for improvement or documents its reasons for not doing so per review of sample completed forms Sexual Abuse Incident Review Checklist and Superintendent Review and Determination

In the past 12 months, the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility, excluding only “unfounded” incidents was 12 investigations. The agency's policies requires the facility conduct a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse investigation, unless the allegation has been determined to be unfounded. When a case is closed by the investigator it is sent to the PREA Coordinator who reviews the report and sends it to the BHCF PREA Compliance Manager and facility PREA Point Person who hold a review team meeting and the Sexual Abuse Incident Review Form is completed. The review team, including the Superintended, Chief of Security, PREA Compliance Manager, Medical and Mental Health Managers with input from line staff, has been established at BHCF and meets on completion of every investigation. Review of notification of review team meeting, documentation including minutes of meetings, interviews with top management, security and specialized staff confirm the review team has been trained and meets the requirements of this standard and is operating per PREA Standard 115.86 Sexual abuse incident reviews.

Standard 115.87 Data collection

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

According to Standard 115.87 agencies shall: collect accurate, uniform data for every allegation of sexual abuse using a standardized instrument and set of definitions; aggregate the incident-based sexual abuse data at least annually; data collected shall include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice; maintain, review, and collect data as needed from all available incident-based documents; and obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates. Also, per standard, upon request, the agency provides all data from the previous calendar year to the Department of Justice no later than June 30. Review of DOCCS Directive #4028B, Sexual Abuse Reporting & Investigation Inmate-on-inmate – VII B, Directive #4027B, Sexual Abuse Reporting & Investigation Staff-on-Inmate VII B and the agency’s PREA Data Collection, Review, Retention and Publication Manual confirm the agency has all requirements of this standard converted to DOCCS policies.

The agency’s collects accurate information and data for every allegation of sexual abuse at facilities under its control. The Deputy Superintendent for Security at each facility is responsible for maintaining and providing a monthly sexual abuse/threat incident summary. At the end of the month the summary report, Form #2103SAII Attachment A, is forwarded the Deputy Commissioner for Correctional Facilities. The auditor reviewed monthly summary reports and found them to be according to policy and this standard. The agency aggregates this incident-based sexual abuse data at least annually. The agency’s annual report is approved by the commissioner and available on the agency website and updated annually corroborating this standard. Review of documentation, agency website, observations and interviews with staff confirm data collection for BHCF is per agency policies and PREA Standard 115.87.

Standard 115.88 Data review for corrective action

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

This standard requires the agency review data collected and aggregated pursuant to Standard 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection and response policies, practices and training, including: identifying problem areas; taking corrective action on an ongoing basis; and preparing an annual report its findings and corrective actions for each facility as well as the agency as a whole. The report is to include a comparison of the current year’s data and corrective action with those from prior years and is to provide an assessment of the agency’s progress in addressing sexual abuse. The auditor reviewed the agency’s PREA Data Collection, Review, Retention, and Publication Manual and found the elements of this standard appear, as required by the standard in this manual. The agency’s report, comparing 2014 with 2013, was approved by the Acting Commissioner and has been made available to the public through the agency’s website. The agency may redact specific material from the reports when publication would present a clear and specific threat to

the safety and security of a facility, but must indicate the nature of the material redacted.

Per DOCCS Annual Report on Sexual Victimization 2013-2014 the rate of substantiated sexual victimization was the highest at Bedford Hills Correctional Facility. The agency began implementing a number of enhancements to combat sexual abuse. An Assistant Deputy Superintendent PREA Compliance Manager was hired at 10 facilities. These PREA Compliant Managers are responsible for PREA compliance matters at clusters of facilities. These Compliance Managers coordinate efforts with the Superintendent to comply with PREA standards at 30 facilities. A Captain has been designated as the PREA Point Person in each facility that does not have its own Assistant deputy Superintendent PREA Compliance Manager. Second the Department implemented an Enhance Victim Services pilot project in March 2014. This grant funded project provides rape crisis hotline and emotional support services to inmates at 27 correctional facilities. Another grant-funded program allowed DOCCS to produce a pair of gender specific Inmate Education Films. Also, DOCCS has improved its employee training on PREA. A new training is being provided to all 29,000 employees.

Incident-based data is primarily used to identify facilities or locations within facilities that have recurring reports of abuse. Agency research office has a researcher dedicated to work full-time on PREA matters who work directly with the Associate Commissioner/PREA Coordinator in an effort to identify patterns and trends including common characteristics of victim prone inmates, common characteristics of inmate abusers, and any other trends that may be addressed through training or policy changes. The data also plays a key role in keeping the Department's training on sexual abuse prevention and response current. The agency's policy requires the agency annual report appear on the agency's website and provide annual reports to improve the effectiveness of its sexual abuse prevention, detection and response policies and training, including identifying problem areas, and taking corrective action on an ongoing basis. Interviews with the Superintendent, higher intermediate staff plus review of the annual reports, substantiates this data collection and review of corrective action was per agency policy and the standard. The agency website was reviewed and confirmed the required reporting including corrective action and comparison with previous years 2013 and 2014 and appears on the website as per Standard 115.87 requirements.

Standard 115.89 Data storage, publication, and destruction

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

According to this standard the agency ensures: that data collected pursuant to Standard 115.87 are securely retained; make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website; before making aggregated sexual abuse data publicly available, the agency removes all personal identifiers; and maintain sexual abuse data collected pursuant to Standard 115.87 for at least 10 years after the date of the initial collection unless Federal, State, or local law requires otherwise. A review of the agency's PREA Data Collection, Review, Retention, and Publication Manual addresses all of the elements of this standard and is confirmed in the agency's annual report comparing 2013 with 2014 now on the agency's website.

The agency' Data Collection, Review, Retention, and Publication Manual ensures that the incident based information and aggregate data is collected and securely retained for at least ten years after date of initial collection unless Federal, State or local law requires otherwise, considered confidential information and is maintained by the Office of Special Investigations, Sex Crime Unit. The records retention schedule manual was reviewed by the auditor along with interviews with staff that confirm the security of the New York government records from creation to final disposition. The policy on records retention schedule and the report on records management were reviewed and confirm storage, publication, and destruction is per PREA Standard 115.89.

AUDITOR CERTIFICATION

I certify that:

- The contents of this report are accurate to the best of my knowledge.

- No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

Marilyn McAuley

November 6, 2015

Auditor Signature

Date